

FEE TRANSMITTAL for FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,300)

Complete if Known	
Application Number	09/809,367
Filing Date	03/15/2001
First Named Inventor	Hogan
Examiner Name	Hewitt II, Calvin L.
Art Unit	3685
Attorney Docket No.	070457.0985

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order Other None

Deposit Account:

Deposit Account Number 02-4377
Deposit Account Name Baker Botts L.L.P.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

Extra Claim Fees

	Extra Claims	Fee	Fee Paid
Total Claims	<input type="text"/>	x 52	= <input type="text"/> \$0
Independent Claims	<input type="text"/>	x 220	= <input type="text"/> \$0
Multiple Dependent			= <input type="text"/> \$0
		SUBTOTAL	<input type="text"/> \$0

Fee Description	Large Entity	Small Entity
Claims in excess of 20	<input type="text"/> 52	<input type="text"/> 26
Independent claims in excess of 3	<input type="text"/> 220	<input type="text"/> 110
Multiple dependent claim, if not paid	<input type="text"/> 390	<input type="text"/> 195

FEE CALCULATION (continued)

ADDITIONAL FEES

<input type="checkbox"/>	Surcharge - late oath or filing fee	<input type="checkbox"/>
<input type="checkbox"/>	Non-English Specification	<input type="checkbox"/>
<input type="checkbox"/>	Extension for reply within first month	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Extension for reply within second month	\$490
<input type="checkbox"/>	Extension for reply within third month	<input type="checkbox"/>
<input type="checkbox"/>	Extension for reply within fourth month	<input type="checkbox"/>
<input type="checkbox"/>	Extension for reply within fifth month	<input type="checkbox"/>
<input type="checkbox"/>	Notice of Appeal	<input type="checkbox"/>
<input type="checkbox"/>	Filing a brief in support of an appeal	<input type="checkbox"/>
<input type="checkbox"/>	Petition to revive - unavoidable	<input type="checkbox"/>
<input type="checkbox"/>	Petition to revive - unintentional	<input type="checkbox"/>
<input type="checkbox"/>	Utility Issue Fee	<input type="checkbox"/>
<input type="checkbox"/>	Design Issue Fee	<input type="checkbox"/>
<input type="checkbox"/>	Publication Fee	<input type="checkbox"/>
<input type="checkbox"/>	Petitions to the Commissioner	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Request for Continued Examination (RCE)	\$810
<input type="checkbox"/>	Information Disclosure Statement (IDS)	<input type="checkbox"/>
	Other fee -	<input type="checkbox"/>
	SUBTOTAL	<input type="text"/> (\$ 1,300)

(Complete if applicable)

Name (Print/Type)	Robert Maier	Registration No. (Attorney/Agent)	54,291	Telephone	212-408-2500
Signature				Date	08/24/2009

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.